

Brief to Commission on Medical Services Insurance

1. PREAMBLE

Any health scheme should have as its primary objective the relief of pain and the elimination and control of infections. Pain associated with the teeth, jaws and associated structures is one of the most intolerable pains that can afflict humanity.

Any insurance plan that may be introduced should provide coverage for Oral Surgery, on the same basis as surgery elsewhere in the body, so that everyone, indigent or otherwise, has this basic coverage. Any plan that is designed to serve the public properly must support a claim on the nature of the service rendered. This should be the criterion on which payment should be based.

2. PRESENTERS OF THIS BRIEF

This brief is submitted on behalf of the Ontario Society of Oral Surgeons. We are a group of dental specialists, certified by the Royal College of Dental Surgeons of Ontario, under the Dentistry Act of the Province of Ontario.

3. REASONS FOR PRESENTING THIS BRIEF

a. To acquaint you with the recognized dental specialty of Oral Surgery, so that you may give it due consideration in order that it may assume its proper place, and established responsibility in any medical insurance scheme that may be devised.

b. To draw your attention to the existing insurance picture as it relates to Oral Surgery. Physicians' Services Incorporated, Medicaal and a few other insurance underwriters pay for oral surgical services, but only when these are provided by a physician. We are thus confronted by the anomaly of a prepaid plan paying a physician for what is normally considered to be dental surgery, but refusing payment to an oral surgeon for the same treatment. The end result is obvious.

c. To urge you to recommend that certified oral surgeons be paid on the same basis as physicians for oral surgical procedures, which are already included in many insurance contracts. This will not add to the list of insurable services, nor increase the cost of insurance. It will, however, allow the patient a free choice of doctor.

d. To point out that the specialized practice of Oral Surgery as carried out by oral surgeons is for the most part carried on in privately maintained surgeries, with the majority of patients treated on an ambulatory basis. This saves the expense of hospitalization and relieves the pressure on hospital beds.

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4. WHAT IS AN ORAL SURGEON

There are among the members of the dental profession certain individuals who limit their practices to the surgical treatment of diseases, injuries and malformations of the human teeth, jaws and their associated structures. Included in this area of treatment are such conditions as difficult dental extractions, dental impactions, dental infections, exostoses and osteomas of the jaws, fractures of the jaw bones, cysts of the jaws and soft tissue of the oral cavity, benign neoplasms of the jaws and oral cavity, jaw deformities, maxillary antral involvement of dental origin and oro-antral fistulae. Dentists performing this range of treatment selectively are known as oral surgeons.

Although oral surgeons represent a highly specialized group, they, nevertheless, practise as dentists under the Dentistry Act, which reads as follows in Section 1., subsection "C". " 'dentistry' or 'dental surgery' means any professional service usually performed by a dentist or dental surgeon and includes,

(1) the diagnosis or treatment of, and the prescribing, treating or operating for the prevention, alleviation or correction of any disease, pain, deficiency, deformity, defect, lesion, disorder or physical condition of, in or from any human tooth, jaw or associated structure or tissue or any injury thereto,"

5. TRAINING OF AN ORAL SURGEON

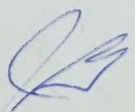
Oral Surgery has the longest and most exacting graduate training programme of any of the dental specialties, requiring a minimum of three years of graduate study beyond graduation as a dentist. One year of this is devoted to advanced work in the basic sciences in an approved institution. This basic year is designed to present systematically and comprehensively to graduate dentists, a well correlated course in the basic medical sciences, as applied to oral surgery.

The other two years are devoted to clinical practice and must be taken in an accredited hospital maintaining an active oral surgery service.

The very nature, therefore, of their training makes the oral surgeons the best qualified persons to deal with problems in and around the mouth. There is substantial evidence that if the quality of oral surgical services received by the Canadian public is to be maintained and improved, there must be recognition of oral surgeons in any proposed medical and surgical services insurance.

6. CONCLUSION

a. We re-iterate that oral surgical treatment, whether it is necessitated as a result of accident or pathological processes, is usually non-recurrent, and that insurance coverage for oral surgical benefits is actuarially sound



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and should be included in all medical and surgical insurance plans, whether public or private.

b. We wish to draw to your attention a situation that has developed, and is constantly worsening, as the result of the exclusion of oral surgical benefits by medical insurance carriers when the service is rendered by a dentist.

We submit that this is absolutely wrong and discriminatory. It is not in the best interest of the patient, because it interferes with his full freedom to select the surgeon of his choice.

c. Several insurance carriers such as The Great West Life Assurance Co., The Mutual of Omaha, The Zurich Insurance Co. etc., do have Dental Care Riders in their policies which provide coverage for oral surgery, but the majority are influenced by the policies of P.S.I., and exclude all but physicians from their plans.

d. We wish to make it clear that what we are requesting will not lead to added expenditure. On the contrary, we believe that it will mean a considerable saving, since most of these operations when performed by Oral Surgeons are on an ambulatory basis.

e. Finally, we vigorously urge that you recommend that the unfortunate existing situation be corrected and that oral surgical benefits should be a legal obligation in all insurance contracts and honoured, regardless of whether the surgeon happens to be a physician or a dentist.

All of which is respectfully submitted,

J. Armitage,
(President)

J. Gajda,
(Secretary)

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